Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

			THE OCIOD						<del></del>			
		CLAIMS AS	S FILED - (Column			(Column 2)		SMALL ENTITY TYPE		OR	OTHER SMALL	
T	OTAL CLAIMS	,	11			1111.	- RAT	F	FEE	7 !	RATE	FEE
FC	DR	-	NUMBER I	FILED	NUME	BER EXTRA	BASIC		<del> </del>	OR		<del>                                     </del>
TC	OTAL CHARGEA	ABLE CLAIMS	11		ļ	-0	X\$ 9		_	OR	1	
INE	DEPENDENT CL	LAIMS		inus 3 =	*	13	X43:	-	_	1 1	Y00	
ML	JLTIPLE DEPEN	NDENT CLAIM PF	RESENT						<b></b>	OR		<del>                                     </del>
* If	the difference	e in column 1 is i	less than zo	ero, enter	"0" in c	column 2	+145 TOTA	_	- उन्होंत	OR	<b>1</b>	
		CLAIMS AS A					1017	۱ ٦،	335	OR	TOTAL OTHER	THAN
		(Column 1)		(Colum	mn 2)	(Column 3)	SMAI	LL F	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST BER DUSLY	PRESENT EXTRA	RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	!	=	X\$ 9:	<u> </u>		OR	X\$18=	
AME	Independent	*	Minus	***		]=	X43=	_		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEP	PINDENT	CLAIM		+145=			OR	+290=	
							TOT	AL		ا <sub>مہ</sub> ا	TOTAL	
		10 hours 41		سرياء 🗢	21	· · · · · · · · · · · · · · · · · · ·	ADDIT. FI	EE L		O P	ADDIT. FEE	<u>i                                      </u>
_		(Column 1) CLAIMS	Т	(Colum		(Column 3)	1	<del></del>	<u> </u>	. ,		<del></del>
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total		Minus	**	!	=	X\$ 9=	_		OR	X\$18=	<u> </u>
AME	Independent	1	Minus	***		=	X43=	1		OR	X86=	
Ù	FIRST PHESE	ENTATION OF MU	ILTIPLE DEP	ENDEN	CLAIM		+145=	1		OR	+290=	
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~~		(Column 1)		(Colum	on 2)	(Column 3)	ADDIT. FE	Æ <b>►</b>		C ,,	ADDIT. FEE	
ENTC	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	**		=	X\$ 9=	T		OR	X\$18=	<u> </u>
YME'		<u> </u>	Minus	***		=	X43=	+		OR	X86=	
	FIRST PRESE	NTATION OF MU	/LTIPLE DEP	ENDENT	CLAIM			+				
* H	f the entry in colur	mn 1 is less than th	e entry in colu	mn 2. write	"∩" in col	umn 3	+145=			OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												